



County/ County Number

AUTHORIZATION FOR DISBURSEMENT REQUEST FOR PURCHASE ORDER

(Requests may be returned for completion if all ***Sections** are not completed)

***Client/Employee:**

(List employee name only if request is for training, otherwise list client name)

Child Number: Service Month: Client Count

***Payee/Vendor Name:**

Vendor Number

Mailing Address:

***Program Number:**

(refer to COSTAR <http://167.193.143.47.9700>)

City, State Zip:

Entitlement Code:

PO Number:

***Amount: \$**

(Purchase order number)

***Fund Source :** State(100/500) Cash Match(200/600) Grant(300) County(400)

***Purpose of request:** (if request is for worker training – list confirmation number, dates of training, and type of training)

(please provide information that may need to be included on check)

***Check is to be:** (check one) - if check is to be picked up: Receipt Verification Section must be completed

Mailed – Vendor Mailed – County Other (Specify)

***Caseworker Signature**

Date:

***Approval Signature**

Date:

(Original invoice must be approved for payment)

***County Purchasing Authority**

Date:

(Please sign CPA line if request is for a purchase order)

Receipt Verification (Check Pick-up)

I certify that I have received a check/items/service indicated above.

Print Name:

Signature:

Date: